Secretaries and Assistants   Association of Anne Arundel County

2022-2023 Dorothy Hoffman Memorial Scholarship

Qualifications:

1. The applicant **must be the child, dependent, or grandchild of an active dues paying member of SAAAAC**.
2. The applicant must provide an **official high school transcript**, including first semester grades of their senior year, in a sealed envelope.
3. The applicant **must be a high school senior who plans to continue his/her education as a <u>full time student</u> at an accredited college or university**.
4. The applicant must submit an essay, giving a brief biography and stating why he/she has chosen his/her course of study or career path.
5. The applicant **must submit at least one** but no more than three **(3)** letters of recommendation:
   ➢ **One** letter from a counselor;
   ➢ **One** letter from an administrator or teacher;
   ➢ **One** letter from someone other than a member of the applicant's family.   The letters should contain the following information: Description of the student's activities [school and community], leadership skills, attendance, and description of personal traits, character, initiative, family life and financial need.
6. The applicant **must complete the application form attached**.
7. The **sponsoring member of the scholarship recipient(s) must remain an active dues paying member for the duration of the scholarship**.

General Information:

The winners will be chosen by a committee of judges and will be notified in May 2023. Two scholarships will be awarded in the amount of $1000 each. *A check will be made payable jointly to the recipient and to the college or university and will be processed when the SAAAAC Treasurer receives a copy of the letter of acceptance from the college or university or a copy of the tuition bill.*

All documents (including the high school transcript <u>in a sealed envelope</u>) must be postmarked no later than Friday, April 21, 2023 AND must be received by the Chairperson by Monday, April 24, 2023.

Mail the Scholarship Application and the supporting documents, including your high school transcript, (in a sealed envelope) with letters of recommendation to:

SAAAAC Scholarship Liaison- Helen Wilkerson
SAAAAC
℅ TAAAC
2521 Riva Road, Ste. L-3
Annapolis, MD 21403

Watch The Deadline! Monday, April 24, 2023

Secretaries and Assistants Association of Anne Arundel County (SAAAAC)
DOROTHY HOFFMAN MEMORIAL 2022-2023 SCHOLARSHIP APPLICATION

The Scholarship Program is available to students who wish to continue their education as a full time student. The Scholarship is based on academic record, leadership skills, character, initiative and financial need. The applicant must be a child, dependent or grandchild of a member in good standing of the Association.

Student Name: _____
                First   Middle   Last

Address: _____

_____
           City   State   Zip Code

Home Phone #:_____ Cell Phone #: _____

Date of Birth: ____/____/____ Place of Birth: _____ ☐M ☐F

Name of High School: _____

Date of Graduation: ____/____/2019 Date and time of Awards Assembly: ___/___/2019 _____
                                                                            Time

List colleges, universities, and/or business schools to which you have applied for admission.

       Name of Institution   Address

1. _____   _____

2. _____   _____

3. _____   _____

Estimated School Expenses for Next Year:

Tuition:_____ Books:_____ Room/Board:_____ Other:_____ TOTAL:_____

Have you been accepted: ☐ Yes   ☐   No

Have you received any other scholarship(s) or financial aid?   ☐ Yes   ☐   No

If yes, please give details: _____

Please list school extra-curricular activities. Include athletics, music, any offices held:

_____

_____

_____
_____

List any academic awards or honors received:

_____
_____
_____

BIOGRAPHICAL INFORMATION:

Father's Name: _____

Mother's Name: _____

Step-Parent/Guardian's Name: _____
Indicate if any are deceased.]

Parent(s) Occupation: Father: _____   Mother: _____

Is either parent a veteran? ☐ Yes   ☐ No   What branch of service?_____

If either parent is currently in the military, give rank: _____

Brothers/Sisters living at home	Age	Brothers/Sisters in college	What year?
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

Your career plans:_____
_____
_____

I, the applicant, certify the above information is true and correct to the best of my knowledge, belief and ability.

Date: _____   _____
                       Signature of Applicant

Date: _____   _____
                       Signature of SAAAAC Sponsor

                       _____
                       Job Title/Position/Location of Sponsor

                       _____
                       Relationship of Applicant to Sponsor